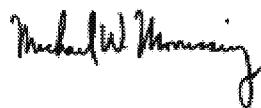


<input type="checkbox"/> <b>SUMMONS FOR WITNESS</b>		DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: <input type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> JURY <input type="checkbox"/> RESTITUTION HEARING		NAME AND ADDRESS OF COURT DIVISION Quincy District Court One Dennis F. Ryan Parkway Quincy, MA 02169		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
NAME, ADDRESS AND ZIP CODE OF DEFENDANT  Commonwealth vs.  [REDACTED]		DATE AND TIME OF APPEARANCE at  11/19/12 AT 8:45 A.M.		
		DATE	TIME	
NAME, ADDRESS AND ZIP CODE OF WITNESS  Department of State Police Amherst Drug Lab ATTN: Jim Hanchett 637 North Pleasant Street Room N251 Morrill I Amherst, MA 01003		OFFENSE(S)  POSSESSION TO DISTRIBUTE CLASS B DRUG DISTRIBUTION CLASS B DRUG CONSPIRACY RESISTING ARREST		
<p><b>TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:</b>            You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.            NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure:</p> <p>To the above named Witness:            You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:</p>				
WITNESS:	 Michael W. Morrissey, District Attorney		DATE OF ISSUE	
			10/22/12	May 2, 2017
<b>RETURN OF SERVICE</b>				
I hereby certify that I served the within summons upon the above named Defendant Witness by				
<input type="checkbox"/> Delivering a copy of it personally to the defendant or witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. <input type="checkbox"/> Mailing a copy of it to the last known address of the defendant or witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service				
DATE RECEIVED _____				
because: _____				
DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE		TITLE OF PERSON MAKING SERVICE	

10/22/12		Assistant District Attorney
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